



**CATAWBA VALLEY
MEDICAL CENTER**
OCCUPATIONAL HEALTH

Dear valued client,

In an effort to better serve your needs, we are requesting that you provide our occupational health office with the information listed below when sending an injured employee for evaluation and treatment. Because worker's compensation carriers often change for our companies, we need to make sure we are corresponding with the correct carrier.

You can send this completed form with employee or fax it to 828-326-2855.

Thank you for choosing Catawba Valley Medical Center Occupational Health.

Required for ALL Injury appointments:

Please provide the following information when scheduling all work-related injury appointments.

"Does claim need to be sent to the WC. Carrier or to the employer?" please circle one below

Bill WC Carrier

Bill Employer

- Name/Address of Company: City of Newton
PO BOX 550 Newton NC 28658
- Name/Phone # of Company Contact Authorizing visit: Brandon Elrod, HR Director (828) 695-4321 or (828) 695-4304
- Full Name of Patient: _____
- DOB: _____
- Social Security #: _____
- Date of Injury: _____
- Workers Comp Carrier/Contact Name:
Key Risk
- Address/Phone:
PO BOX 49129 Phone (866) 847-8872
Greensboro NC 27419 Fax (888) 576-7329
- Nature of Injury: _____
- We request a post-accident drug screen on this employee: Yes No
- We request a post-accident breath alcohol test on this employee: Yes No